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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	SLIDING CONCAVE	FOUNDATION	SYSTEM			
As the below named inventor(s), I/we declare that:						
This declaration is d	irected to:					
	The attached application	ı, or				
	Application No		filed on,			
	as amended on		(if applicable);			
I/we believe that I/w sought;	e am/are the original and first inv	entor(s) of the subje	ct matter which is claimed and for which a patent is			
	and understand the contents of the cally referred to above;	he above-identified a	pplication, including the claims, as amended by any			
material to patental became available l	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF IN	. ,					
	ehrdad Hamidi					
Signature:		Citizen of:	Iran			
Inventor two: M. Hashem El Naggar						
Signature:	· · · · · · · · · · · · · · · · · · ·	Citizen of:	Canada			
Inventor three: Abo	olhassan Vafai					
			Tran			
Signature:		Citizen of:				
	oodarz Ahmadi	Citizen of:				
Inventor four: _ G						

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PTO/SB/81 (06-03)

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Application Number	
Filing Date	September 11, 2003
First Named Inventor	Hamidi et al.
Title	Sliding. System
Art Unit	
Examiner Name	
Attorney Docket Number	14443

I hereby appoint:					\neg	
X Practitioners at Customer Number	000293				İ	
OR			_1		-	
Practitioner(s) named below:						
Name	•		Registration N	umber	l	
Ralph A. Dowell	·	26 868			l	
Nancy E. Hill		41 564				
Lynn C. Schumach	er	36 413			ļ	
Wendy M. Slade		53 604			Į	
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	e 309. 1215 Jef	ferson Da	avis High	nway		
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	ngton	State 7	/A	Zip 22202		
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	415 2555	Fax	703 415	2559		
I am the: X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Mehrdad Hamid	li					
Signature						
Date			Telephone			
NOTE: Signatures of all the inventors or assignorms if more than one signature is required.		or their representative	e(s) are required. Su	ubmit multiple		
X *Total of 4 forms ar	e submitted.					

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Examiner Name	
Attorney Docket Number	14443

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	Name		Registration N	umber	
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Lynn C. Schuma	cher	36 413			
Wendy M. Slade	prosecute the application identified	53 604		the Uni	ted States Balast and
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Address					
City	rlington	State 7	VA	Zip	22202
Country	S				
Telephone 7	03 415 2555	Fax	703 415	5 255	59
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applica	nt or Assignee of F	Record		
Name M. Hashem	El Naggar				
Signature	_				
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NOTE: Signatures of all the inventors of forms if more than one signature is req	or assignees of record of the entire interes	t or their representative	e(s) are required. So	ıbmit mult	tiple
	rms are submitted.			-	

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Application Number	
Filing Date	September 11, 2003
First Named Inventor	Hamidi et al.
Title	SlidingSystem
Art Unit	
Examiner Name	
Attorney Docket Number	14443

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X Practitioners at Customer	Number: 000293						
OR	<u> </u>	······································					
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	Name		Registration Nu	mber			
Ralph A. Dow	ell	26 86	8				
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Lynn C. Schu		36 41	3				
Wendy M. Sla	de	53 60					
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Address							
City	Arlington	State	VA	Zip 22202			
Country Telephone	US	Fax	703 415	2550			
	703 415 2555	1100	703 415	2559			
Applicant/Inventor.	am the: X Applicant/Inventor						
	the entire interest Con 27 CER 2 74						
	the entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/SB	<i>V</i> 96)					
SIGNATURE of Applicant or Assignee of Record							
Name Abolhassan Vafai							
Signature							
Date	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Telephone				
NOTE: Signatures of all the inventor forms if more than one signature is	ors or assignees of record of the entire interest required, see below.	st or their representati	ive(s) are required. Sul	bmit multiple			
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Nancy E. Hil	1	41 56	4			
Lynn C. Schu		36 41	3			
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Address	Suite 309, 1215 Je	fferson D	avis High	way		
Address						
City	Arlington	State	VA	Zip	22202	
Country	us					
Telephone	703 415 2555	Fax	703 415	2559	·	
I am the:						
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Name Goodarz A	hmadi					
Signature						
Date			Telephone			
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